

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

1773

State File No. _____
Registrar's No. 9-1951

BIRTH NO. _____		REG. DIST. NO. <u>2</u>		PRIMARY REG. DIST. NO. <u>4292</u>		Registrar's No. <u>9-1951</u>	
1. PLACE OF DEATH a. COUNTY <u>Linn</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>California</u> b. COUNTY <u>La.</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Purdin</u>		c. LENGTH OF STAY (in this place) <u>STAY</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Los Angeles California</u> <u>8045</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)				d. STREET ADDRESS (If rural, give location) <u>8128 Melros Ave.</u>			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>Sarah</u>		b. (Middle) <u>R.</u>		c. (Last) <u>Miles</u>	
4. DATE OF DEATH		(Month) <u>1</u> (Day) <u>26</u> (Year) <u>51</u>		5. SEX <u>Fe</u>		6. COLOR OR RACE <u>W</u>	
7. MARRIED, NEVER MARRIED, WIDOWED, OR DIVORCED (Specify)		<u>WIDOWED</u>		8. DATE OF BIRTH <u>Nov. 4, 1866</u>		9. AGE (in years, months, days, hours, minutes) <u>84</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u>		11. BIRTHPLACE (State or foreign country) <u>Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
13a. FATHER'S NAME <u>Unknown Ford</u>		13b. MOTHER'S MAIDEN NAME <u>Unknown</u>		14. NAME OF HUSBAND OR WIFE <u>Victor Miles</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <u>Victor Miles</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c). *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Apoplexy</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Hypertension</u>				INTERVAL BETWEEN ONSET AND DEATH <u>334X</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>Jan 19, 1951</u> , to <u>Jan 26, 1951</u> , that I last saw the deceased alive on <u>Jan 26, 1951</u> , and that death occurred at <u>11:00 AM</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>D. R. E. Sutter D.O.</u>				23b. ADDRESS <u>Jennings - MO.</u>		23c. DATE SIGNED <u>Jan 28-51</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>1-30-51</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Marion Cem</u>		24d. LOCATION (City, town, or county) (State) <u>Bethney Missouri</u>	
DATE REC'D BY LOCAL REG. <u>FEB 1, 1951</u>		REGISTRAR'S SIGNATURE <u>Elva Cookshanks</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Wade Funeral Home</u>		ADDRESS <u>Browning,</u>	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

Date Received: FEB 5 1951
District Health Office #2
District File Number
Date Filed:

FEB 6 1951

Date Received: 2-5-51
DISTRICT HEALTH OFFICE #2
District File Number 2-51-2
Date Filed: FEB 6 1951

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____ ✓

Student Embalmer No. _____

working under my personal supervision.

Student _____
Student Embalmer

Signed Gerald F. Wade

Licensed Embalmer No. 4172

P. O. Address Browning Mrs

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.